2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F96000001120

Entity Name: FULLER & D'ALBERT, INC.

TEGETHOFF, JOHN

CLIFTON, VA 20124

6647 ROCKLAND DRIVE

Name:

Address:

City-St-Zip:

FILED Sep 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3170 CAMPBELL DRIVE FAIRFAX, VA 220310706 **Current Mailing Address: New Mailing Address:** 3170 CAMPBELL DRIVE FAIRFAX, VA 220310706 FEI Number: 53-0070960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR SUITE 4 WESTON, FL 33331 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: NORRINE NAGEL Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HUZZARD, JOHN Name: Name: 10630 TIMBERIDGE ROAD Address: Address: City-St-Zip: FAIRFAX STATION, VA 22039 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HUZZARD, CAROLYN Name: 10630 TIMBERIDGE RD Address: Address: FAIRFAX STATION, VA 22039 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MORGAN, JEFF Name: Name: 815 WHITCOMB ISLAND ROAD Address: Address: City-St-Zip: HYDE PARK, VT 05655 City-St-Zip: Title: STD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN TEGETHOFF ST 09/30/2009